STATEMENT OF

FORM 1	ORGANIZATION (See instructions)		Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Example is changed) over the	e: If typying, type e lines	·
US AIRWAYS	GROUP, INC. FEDERAL PAC		
ADDRESS (number and s	Suite 1075		
(Check if address X is changed)	Washington	DC	20005 -
	CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	tom.chapman@usairways.com) 	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address x is changed)	None		
2. DATE M M M M O 7	26 2001		
3. FEC IDENTIFICA			
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and be	elief it is true, correct and complete	
Type or Print Name of	TreasurerTom Chapman		
Signature of Treasurer	Electronically Filed by Tom Chapman	Date	07 / 26 / 2011
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the p		
Office Use Only	Fe	or further information contact: deral Election Commission II Free 800-424-9530	FEC FORM 1 (Revised 02/2009)